




MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

0076396
RECEIVED
OCT 10 1991
HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES
1-31-92 GC

SEND TO		MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 178, JEFFERSON CITY, MO 65102																						
FOR OFFICIAL USE ONLY																								
COMMENTS																								
C																								
C																								
	INSTALLATION'S EPA ID NUMBER						APPROVED	DATE RECEIVED YR. MO. DAY			77													
C							T/A	C																
F								1																
I. NAME OF INSTALLATION																								
	DAYCO PRODUCTS INC																							
II. INSTALLATION MAILING ADDRESS																								
STREET OR P.O. BOX NUMBER																								
C	2	6	0	1		W	B	A	T	T	L	E	F	I	E	L	D	R	D					
	CITY OR TOWN													STATE	ZIP CODE									
C	S	P	R	I	N	G	F	I	E	L	D							M	0	6	5	8	0	7
III. LOCATION OF INSTALLATION																								
STREET AND NUMBER																								
C	2	6	0	1		W	B	A	T	T	L	E	F	I	E	L	D	R	D					
	CITY OR TOWN													STATE	ZIP CODE									
C	S	P	R	I	N	G	F	I	E	L	D							M	0	6	5	8	0	7
IV. INSTALLATION CONTACT																								
NAME AND TITLE (LAST, FIRST, AND JOB TITLE)												TELEPHONE NUMBER												
C	2	See Enclosed Sheet.										417 881 7440												
V. OWNERSHIP																								
A. NAME OF INSTALLATION'S LEGAL OWNER												B. TYPE OF OWNERSHIP (ENTER CODE)												
C	D	A	Y	C	O	P	R	O	D	U	C	T	S	I	N	C		P						
VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)																								
A. HAZARDOUS WASTE ACTIVITY												B. USED OIL FUEL ACTIVITIES												
<input checked="" type="checkbox"/> 1a. GENERATOR <input checked="" type="checkbox"/> 1b. LESS THAN 1,000 KG./MO. <input type="checkbox"/> 2. TRANSPORTER <input type="checkbox"/> 3. TREATER/STORER/DISPOSER <input type="checkbox"/> 4. UNDERGROUND INJECTION <input type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below) <input type="checkbox"/> A. GENERATOR MARKETING TO BURNER <input type="checkbox"/> B. OTHER MARKETER <input type="checkbox"/> C. BURNER												<input type="checkbox"/> 6. OFF-SPECIFICATION USED OIL FUEL (enter 'X' & mark appropriate boxes below) <input type="checkbox"/> a. GENERATOR MARKETING TO BURNER <input type="checkbox"/> b. OTHER MARKETER <input type="checkbox"/> c. BURNER <input checked="" type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION												
VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE																								
(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)																								
<input type="checkbox"/> A. UTILITY BOILER <input type="checkbox"/> B. INDUSTRIAL BOILER <input type="checkbox"/> C. INDUSTRIAL FURNACE																								
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))																								
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (SPECIFY)																								
IX. FIRST OR SUBSEQUENT NOTIFICATION																								
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.																								
<input type="checkbox"/> A. FIRST NOTIFICATION <input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)																								
												C. INSTALLATION'S EPA I.D. NUMBER												
												M 0 D 0 4 2 8 6 0 0 2 3												

ID - FOR OFFICIAL USE ONLY										
C W								T/A C 1		
X. DESCRIPTION OF HAZARDOUS WASTE										
A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.										
WASTE I.D. NO.	F	0	0	3	F	0	0	5		
AMOUNT AND FREQUENCY	334		lbs.	A	1000		lbs.	A		
B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.										
WASTE I.D. NO.										
AMOUNT AND FREQUENCY			lbs.				lbs.			
C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.										
WASTE I.D. NO.	U	2	0	1	U	1	2	2		
AMOUNT AND FREQUENCY	20		lbs.	B	2		lbs.	B		
D. (Reserved)										
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.										
AMOUNT AND FREQUENCY	1. IGNITABLE (D001)				2. CORROSIVE (D002)				3. REACTIVE (D003)	
	500		lbs.	B			lbs.			
4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.										
AMOUNT AND FREQUENCY			lbs.				lbs.			
MISSOURI REQUIRED INFORMATION										
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) <u>007639</u>										
PRINCIPAL BUSINESS ACTIVITY <u>Power Transmission Belts</u>										
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) <u>3052</u>										
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY <input type="checkbox"/>										
XI. CERTIFICATION										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.										
SIGNATURE 				NAME AND OFFICIAL TITLE (TYPE OR PRINT) Jerry Parks Plant Manager				DATE 10/02/91		